



## Automated Communication Exchange System Training Invitation and Registration

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### ACES Training

Sessions are conducted at CalPERS Regional Offices throughout the state, providing hands-on Internet transaction training to process **AESD-1, HBD-12, HBD-21** and **HBD-85** forms, and submit **payroll** files electronically. This process saves you time and money, and streamlines your work process.

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### Instructions

Complete the information on the following pages and fax to **ACES Training Coordinator, (916) 795-1523**.

*(NOTE: The attached Security Agreement only needs to be completed for **new** ACES Users; e.g. they have no User Name and Password and are not on your agency's ACES User List.)*

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### 1) Employer Information:

Agency Name: \_\_\_\_\_

CalPERS Employer Code: \_\_\_\_\_

Address: \_\_\_\_\_

### 2) Employer Account Administrator:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

### 3) Student Name(s): \*\* Complete an attached Security Agreement for each new ACES user. \*\*

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Available ACES Training Sessions are listed on the following page)*

## ACES TRAINING SESSIONS:

### Orange Regional Office

One Training Session per day, conducted between July 23-27, 2007

(please register by 07/06/07)

Orange Regional Office: 500 North State College Boulevard, Suite 750, Orange, CA 92868

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

### Sacramento Regional Office

One Training Session per day, conducted between August 7-9 & 14-16, 2007

(please register by 07/20/07)

Sacramento Headquarters Office: Lincoln Plaza West, 400 Q Street, Room 3631, Sacramento, CA 95814

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

### San Bernardino Regional Office

One Training Session per day, conducted between August 27-31, 2007

(please register by 08/10/07)

San Bernardino Regional Office: 650 East Hospitality Lane, Suite 330, San Bernardino, CA 92408

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

### San Diego Regional Office

One Training Session per day, conducted between September 10-14, 2007

(please register by 08/24/07)

San Diego Regional Office: 7676 Hazard Center Drive, Suite 350, San Diego, CA 92108

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

### Fresno Regional Office

One Training Session per day, conducted between September 24-28, 2007

(please register by 09/07/07)

Fresno Regional Office: 10 River Park Place East, Suite 230, Fresno, CA 93720

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

## ACES TRAINING SESSIONS: *(continued)*

### **Sacramento Regional Office**

**One Training Session per day, conducted between November 5-9, 2007**

**(please register by 10/19/07)**

**Sacramento Headquarters Office: Lincoln Plaza West, 400 Q Street, Room 3631, Sacramento, CA 95814**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

### **Glendale Regional Office**

**One Training Session per day, conducted between December 3-7, 2007**

**(please register by 11/16/07)**

**Glendale Regional Office: 655 North Central Avenue, Suite 1400, Glendale, CA 91203**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

### **San Jose Regional Office**

**One Training Session per day, conducted between December 17-21, 2007**

**(please register by 11/30/07)**

**San Jose Regional Office: 181 Metro Drive, Suite 520, San Jose, CA 95110**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Health combined with Membership*</b> (Approx. 7hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr) | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(State Agency)            |
| <input type="checkbox"/> <b>Membership Only session*</b> (Approx. 4hrs)<br><input type="checkbox"/> *Add Payroll File Transfer session (Approx. 1hr)         | <input type="checkbox"/> <b>Health Only session</b> (Approx. 7hrs)<br>(Public Agency or School) |

*The "Employer User Security Agreement" is on the following page...however, it only needs to be completed and faxed in with this Training Invitation for **new** ACES Users; e.g. they have no User Name and Password and are not already on your agency's ACES User List.*

# CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM EMPLOYER USER SECURITY AGREEMENT

(TO BE COMPLETED BY EMPLOYER AND EMPLOYEE) (PLEASE COMPLETE ONLINE OR PRINT LEGIBLY)

| EMPLOYEE  |                        | EMPLOYER   |
|---|------------------------|--|
| Employee Name :   |                        | Employer Name:   |
| Employee Social Security Number:  | Date of Birth:         | Employer Code (CalPERS):                               |
| Employee Business Phone:  | Employee Business Fax: | Employer Mailing Address:                              |
| Employee Business E-mail Address:   |                        | Employer Physical Address: (if different than mailing) |
| <p>Please check all that apply: <input type="checkbox"/> Account Administrator <input type="checkbox"/> Internet Forms: Health <input type="checkbox"/> Internet Forms: Membership</p> <p><input type="checkbox"/> Public Agency Billing <input type="checkbox"/> Annual Member Statement Employer Report <input type="checkbox"/> Service Credit Purchase Status</p> <p><input type="checkbox"/> Participant Inquiry <input type="checkbox"/> Payroll File Transfer <input type="checkbox"/> Annual Employer Statement</p> |                        |  |

By signing this document, the employee referenced above acknowledges reading, understanding, and agreeing to its contents and realizes the consequences of not complying with the terms stated below.

#### ACES User responsibilities:

- Passwords must be kept confidential. Reasonable precaution must be maintained including but not limited to:
  - Not sharing or allowing others access to your password for any reason
  - Securing the terminal with a password or locking device when logged onto ACES, when leaving the workstation
  - Immediately reporting any suspicious circumstances or unauthorized individuals observed in the work area to a supervisor
- Access and/or transmit information only relevant and necessary in the ordinary course of performing job official duties
- CalPERS record information shall only be disclosed to individuals when relevant and necessary when performing official duties. Unauthorized disclosures include, but are not limited to:
  - Disclosing social security number of another person when not part of job responsibilities
- CalPERS record information shall not be transmitted or used for personal reasons, including but not limited to:
  - Making personal inquiries of friends or relatives; accessing information about another person, including locating their residence address, for any reason that is not related to job responsibilities

#### ACES Administrators' responsibilities:

- Maintain all **California Public Employees' Retirement System Employer User Security Agreement** forms (AESD-43) and **Delete "ACES User Access"** forms (AESD-42) in a secured location
- Ensure Security Agreements are fully completed and signed by a manager or supervisor prior to processing or faxing to CalPERS. Completed forms may be faxed to 916-795-1523.
- Immediately fill out, electronically submit, and maintain a copy of the **Delete "ACES User Access"** form (AESD-42) for all ACES users who no longer have ACES access for two years
- Direct staff that:
  - Passwords must be kept confidential at all times and not be shared for any reason
  - Computer terminals must be secured with a password or locking device when unattended and logged into ACES
  - Suspicious circumstances and unauthorized individuals should be reported immediately to a manager or supervisor

I have read and understand the security policies stated above. I acknowledge and agree to utilize all CalPERS systems in accordance with the terms outlined in the California Public Employees' Retirement Law and CalPERS business practices, policies, and procedures. Failure to comply with these policies may result in revocation of my access to ACES, adverse action, and/or civil or criminal liability under applicable laws. I further understand that I can undergo disciplinary action from my employer up to and including termination of employment.

I certify under penalty of perjury, under the laws of the State of California, that the information provided above is true and correct.

The California Public Employees' Retirement System (CalPERS) collects personal information to administer the various programs, accessed through the Automated Communications Exchange System (ACES), for which it has responsibility. Employers may NOT share information with any other entity without the express written approval of CalPERS. The information contained in CalPERS records is confidential, and CalPERS is required by law to protect such information from unauthorized access, use, and disclosure.

|   |       |
|---|-------|
| Employee Signature:                         | Date: |
| Employer Signature:<br>(Manager/Supervisor) | Date: |

This form must be completed for each employee using CalPERS online access and be available to CalPERS upon request. Forms must be **RETAINED IN A SECURE WORK SITE LOCATION** of the Employer, for the life of the Agreement and for two years following the deactivation or termination of the Agreement. CalPERS is to be notified immediately in the event that any of its sensitive or confidential information is subjected to unauthorized disclosure, modification or destruction. Completed forms may be faxed to 916-795-1523.